City of Scranton

APPLICATION FOR RETAIL FOOD FACILITY

Please fill out and return to City of Scranton, 340 N. Washington, Scranton, Pa 18503

Department of License and Inspections

SECTION 1 (COMPLETE AND MOVE TO SEC	CTION 2)	
THIS FACILITY IS A: (circle one) Permanent Structure O	R Mobilized Unit / St	tructure
PLEASE SELECT ANY THAT APPLY:		
New Food Facility Remodel of an Existing Facility Other, Describe Change of Ownership for an Existing Facility Change of Food or Operation Type for an Existing Food Facility		
SECTION 2 (COMPLETE AND MOVE TO SECTION 3))	
FACILITY	INFORMATION	9)
NAME OF FACILITY		
ADDRESS OF FACILITY:		
Street Number and Name	City	State Zip Code
	()	
Phone Number	Fax Number	
	()	
Email Address	Cell Number of	Alternate Phone Number
MAILING ADDRESS (If Other Than Above):		
Name City	State	Zip Code
OFFICER NAME AN	D TITLE	
PARTNERSHIP, NAMES		
RESPONSIBLE OFFICIAL AT THE ESTABLISHMENT (if n	ot yourself)	
SECTION 3 (COMPLETE AND MOVE TO SEC	TION 4)	
REFUSE: (Check all that apply & complete fully)		
The food facility refuse collector is		(company name)
List any other refuse or waste collection companies (ex:	grease collection)	**************************************

____(company name)

SECTION 4 (Complete and move to section 5.

List pest control___

CONSTRUCTION No Construction or changes to existing facility Equipment Change Minor Construction Major or New Construction Briefly describe construction/change and anticipated time frame for start and completion. SECTION 5 (COMPLETE AND MOVE TO SECTION 6) FACILITY SERVICE INFORMATION DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open) Time Time _____ Friday Monday Saturday Time Tuesday Time Wednesday Time Sunday Time Time Thursday TYPE OF SERVICE (Check all that Apply) Retail Grocery Dine In Food Service Take Out Food Service Mobile Facility ____Bar / Club School Other Describe: TYPE OF MENU (Check which one Applies) Limited Menu ** attach menu Full Service Menu ** attach menu ____Specific Food Items List items Full Service Grocery with Departments: ____Bakery ____Deli ____Café ____Produce ____Meat Seafood Dairy Other, list _____ Do you plan on serving any food undercooked or raw? List: Do you have or have you applied for a liquor license? YES or NO

PROJECTED SEATING CAPACITY

of seats (mark "0" if there are no seats in the facility)

SECTION 6

EMPLOYEE INFORMATION	
# of anticipated employees	Do you have a PA Certified Food Handler on Staff? YES or NO
If YES, list name and PDA certificate	e number
Do you have an employee health policy? YES (An employee health policy established clarification) If NO, prior to opening presented to every employee of the established presented to every experiment expe	es how to handle ill employees, See Sections 46.111 thru 46.115 of the Food Code for an employee health policy must be established, either in writing or verbal, and
	FACILITY OPENING
Anticipated date of opening and/or ownership	settlement of the facility and/or remodeling completed.
License and Registration fees will be follows: (payable to: THE CITY OF So	collected at the time of the licensing/registration inspection and are as CRANTON)
Public Ea	ating and Drinking Licenses All Establishments with LCB License- \$200.00 Establishments with seating 0-25 - \$150.00 Establishments with seating 26 or more -\$ 200.00 Mobile Carts- \$ 150.00
	OFFICIAL USE ONLY
LICENSE TYPE: EATING & DRINKING R	ETAIL FOOD REGISTRATION REGISTERED EXEMPT MOBILE
APPROVAL	, DATELICENSE NUMBER

HEALTH INSPECTOR______ DATE_____

Rev 09/10/09